

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>K.C. RESOURCES, INC</b>	Well API No. <b>30-025-26104</b>
Address <b>2533 S. HWY 101 #260 CARDIFF, CA 92007</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>RWK RESOURCES, INC</b>	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>LEA "YH" STATE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>AIRSTRIP Bone Spring</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No.
Location Unit Letter <b>0</b> : <b>760</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>25</b> Township <b>18S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>KOCH OIL CORP, a div. of Koch Ind</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 3609 Midland, TX 79702</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If it

### IV. OPER. OGRID NO. 122912

PROPERTY NO. <u>15142</u>
POOL CODE <u>962</u>
EFF. DATE <u>6-23-94</u>
API NO. <u>30-025-26104</u>

ter number: **DHC-689**

Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Depth			P.B.T.D.		
H/Gas Pay			Tubing Depth		
			Depth Casing Shoe		

#### MENTING RECORD

DEPTH SET	SACKS CEMENT

O-TRNSP. OGRID NO. <u>12849</u>	<u>WTR</u>
G-TRNSP. OGRID NO. <u>2218230</u>	<u>2218230</u>
OIL POD NO. <u>2218210</u>	
V GAS POD NO. <u>2218230</u>	

ual to or exceed top allowable for this depth or be for full 24 hours.)

Date first new oil run to tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Reiner Klawiter  
Signature  
**REINER KLAWITER** PRESIDENT  
Printed Name  
**12-3-93** Title  
**(619) 943-8448**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **JUN 23 1994**  
By  
**ORIGINAL SIGNED BY JERRY SEXTON**  
Title **DISTRICT I SUPERVISOR**

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.